PUBLIC HEALTH PROFILES
WISCONSIN
1999

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Bureau of Health Information
Division of Health Care Financing
Wisconsin Department of Health and Family Services

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FOREWORD

Public Health Profiles, Wisconsin 1999, presents selected data on population characteristics, natality, mortality, morbidity, local health departments, long-term care, and hospitalizations in Wisconsin for the calendar year 1999. The data were selected to profile important aspects of public health for the state as a whole, each of the 72 counties, the five Department of Health and Family Services regions, and the seven perinatal regions. These data are supplied for use by local public health professionals and others seeking general information about the health of Wisconsin's population.

The Division of Public Health, Wisconsin Department of Health and Family Services, provided funds for developing and printing this report.

The Bureau of Health Information, Division of Health Care Financing, Department of Health and Family Services, produced this publication. Carol Weidel, in the Research and Methods Section, prepared the report under the supervision of Patricia Guhleman, and the overall direction of Sandra Breitborde, Deputy Director, Bureau of Health Information.

Most of the statistics came from data systems maintained in the Bureau of Health Information. Joyce Knapton provided mortality data, Jan Silbaugh provided natality and infant mortality information, Yiwu Zhang provided home health and nursing home statistics, Karl Pearson provided 1999 population estimates, and Laura Stephenson-Vine provided cancer incidence data for 1998 (the latest available).

Morbidity data were provided by Tom Haupt and Alan Locke, Bureau of Communicable Diseases, Division of Public Health. Staff can be contacted at (608) 267-9003 for further information on reportable diseases.

The Special Supplemental Nutrition Program for Women, Infants and Children (WIC) participant counts were provided by Deborah Grenier, Division of Public Health.

Immunization data were provided by Dan Hopfensberger, Immunization Unit, Bureau of Communicable Diseases, Division of Public Health.

Community Options Program data and Medical Assistance Waiver data were provided by Bernie Tennis, Bureau of Aging and Long-Term Care Resources, Division of Supportive Living.

Employment data were provided by the Bureau of Workforce Solutions, Department of Workforce Development.

Motor vehicle crash data were compiled from the WisDOT-DMV Traffic Accident Data Base, and provided by Mary Kunkel, Division of Investment and Management, Bureau of Transportation.

Hospitalization data were extracted from the Hospital Inpatient Database maintained by the Person-level Data and Analysis Section, Bureau of Health Information.

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INTRODUCTION

This report profiles the 1999 Wisconsin population. It presents a broad range of descriptive data including information about the natality, mortality, morbidity, local public health, and hospitalization experience of each county in the state. The report emphasizes maternal and child health data on a county level and permits comparisons between local and regional or statewide indicators of health. These data should be useful in program planning, development and evaluation by local health departments; local, regional, and state planners; and other interested parties.

Most of the data represent events or estimates for the calendar year 1999. The only exception is cancer incidence (for which 1998 is the latest data available). All county and regional information (except average wage and motor vehicle crash statistics) are derived from resident data. This means that all natality, mortality, morbidity, and hospitalization events are based on county of residence regardless of where the event occurred. Maps that show the current boundaries for the Department of Health and Family Services and perinatal regions precede these sections.

Copies of this report and other health statistics can be found at the DHFS Web site, at www.dhfs.state.wi.us/stats. Click on the Local Data link to get to the Public Health Profiles.

Further details and additional data are reported in the following Bureau of Health Information publications:

Wisconsin Births and Infant Deaths, 1999
Wisconsin Deaths, 1999
Wisconsin Home Health Agencies and Patients, 1999
Wisconsin Nursing Home Directory, 1999
Wisconsin Nursing Homes and Facilities for the Developmentally Disabled, 1999
Wisconsin Cancer Incidence and Mortality, 1998

ABOUT THE DATA

SOURCES AND LIMITATIONS

Most county and regional data presented in this report are "resident" data. This means that all natality, mortality, morbidity, hospitalization, long-term care, and labor force statistics are categorized by state and county of residence regardless of where the event occurred. The only exceptions are motor vehicle crash statistics, which are by location of the crash, and average wage, which is by place of work.

Population

The population by age and sex was estimated for July 1, 1999, by the Bureau of Health Information. Estimated populations by age and sex are reported rounded to the nearest ten.

Rates

Most rates per population are calculated using 1999 population estimates. A crude rate is the number of events per 1,000 (or 10,000 or 100,000) people. It is termed "crude" because its magnitude may be affected by the population's age distribution. In contrast, an age-specific or age-standardized rate takes age distribution into account, and would be preferred over a crude rate for comparisons between populations with different age distributions.

Rates for some events were not calculated. For most measures, numerators of fewer than 20 events (indicated by ".") were judged too small to calculate rates that are meaningful; such rates would be misleadingly unstable over time because small annual fluctuations in the number of events can create large changes in a rate. Calculation of some other rates is inappropriate for other reasons (indicated by "--"); for example, the population base for a fertility rate for females under 15 years old cannot be estimated accurately.

Cancer Incidence

Cancer incidence data are compiled from reports submitted by Wisconsin hospitals, clinics and physicians to the Wisconsin Cancer Reporting System, Bureau of Health Information, Division of Health Care Financing, as mandated under Wisconsin Statute 255.04. Hospitals report all cases seen with active cancer. Clinics and physicians report all treated cases and any non-treated case that has not been referred to a Wisconsin hospital. Central cancer registries in 18 other states and several Minnesota hospitals that diagnose and/or treat Wisconsin resident cancer patients report voluntarily to the Wisconsin Cancer Reporting System.

All reports include demographic and treatment information as well as tumor characteristics. Reportable cancers are all malignant invasive and non-invasive neoplasms except basal cell and squamous cell carcinomas that arise in the skin.

Cancer incidence data reported here include cases diagnosed in 1998.

Employment Statistics

Data on civilian labor force, employment, unemployment, and average wage were obtained from the Bureau of Workforce Information, Wisconsin Department of Workforce Development.

Specific definitions include:

> **The civilian labor force** includes all persons 16 years of age or over who are either working or looking for work. This statistic does not include members of the Armed Forces; "discouraged workers" who are not either actively seeking employment, about to start a new job, or waiting to be called back from a layoff; or other people (such as students or retired persons) not working or looking for work.
>
> **Employed** persons are individuals 16 years or older who worked for pay anytime during the week that includes the 12th day of the month, or who worked unpaid for 15 hours or more in a family-owned business, or who were temporarily absent from their jobs due to illness, bad weather, vacation, labor dispute, or personal reasons.
>
> **Unemployed** persons are individuals 16 years or older who had no employment, were available for work, and either actively seeking employment, about to start a new job, or waiting to be called back from a layoff.

Long-Term Care

Data for the Community Options Program (COP) and Medical Assistance Waiver programs are maintained in the Human Services Reporting System, managed by the Division of Supportive Living. In most counties these programs are administered by a single county agency. For those counties that have more than one agency serving different populations, the data were combined to produce the numbers on the report. Data from the Oneida Tribe was included with Brown County data. The total COP/Waiver client count is less than the sum of the clients by program because many clients receive services in more than one program and these clients are not duplicated in the total. Both the client counts and the costs are taken from the reporting system prior to any year-end contract adjustments with the agencies. Waiver costs reported include federal funding.

Data concerning home health services are based on the 1999 Annual Survey of Home Health Agencies conducted by the Bureau of Health Information in cooperation with the Bureau of Quality Assurance, Division of Supportive Living, and the Wisconsin Medicaid Program, Division of Health Care Financing. The counts of agencies are for those located in the region and county. Patients are counted in the county and region where the agency is located.

Data concerning nursing homes are drawn from the 1999 Annual Survey of Nursing Homes, also conducted by the Bureau of Health Information in cooperation with the Bureau of Quality Assurance, Division of Supportive Living, and the Wisconsin Medicaid Program, Division of Health Care Financing. As with home health, the counts of nursing homes are for those located in the region and county, and patients are counted in the county and region where the nursing home is located. Nursing homes in this report include skilled nursing facilities (SNFs), intermediate care facilities (ICFs), institutions for mental disease (IMDs) and facilities for the developmentally disabled (FDDs). This report excludes the three state centers for the

developmentally disabled; it also excludes Clearview Sanatorium in Delafield since this religious facility differs significantly from other nursing homes in the types of care provided.

Local Health Department Statistics

The reported data for local health department staff, nursing visits, clinic visits, environmental contacts, and group health education and training are based on responses to the Annual Survey of Local Health Departments, conducted by the Bureau of Chronic Disease Prevention and Health Promotion, Division of Public Health. Aggregate information for calendar year 1999 was collected from each local health department. Rates for counties with more than one health department are based only on departments that reported. The state total number of Special Supplemental Nutrition Program for Women, Infants and Children (WIC) recipients (from the Division of Public Health) constitutes an unduplicated count regardless of whether recipients received WIC benefits in more than one county; it is therefore less than the sum of the county totals. Regional values were obtained by summing the county values.

In general, reporting of local health department data was less complete in 1999 than in 1998 for all categories except WIC. Thus, any differences between the two years may be the result of reporting differences. The degree of completeness may vary by area.

Natality

Natality data are drawn from birth certificates maintained by the Bureau of Health Information. These data include characteristics of the infant and pregnancy (birthweight, delivery method, birth order, trimester of first prenatal care visit, and number of prenatal care visits) and attributes of the mother (age, marital status, education, race, and smoking status).

Natality data include records on all births to state residents, including those that occur outside Wisconsin. Out-of-state records are obtained from the state of occurrence. Thus, county birth data are for all births to county residents regardless of where the births occurred.

Specific definitions:

> A **live birth** is the complete expulsion or extraction of an infant from its mother, irrespective of the duration of pregnancy, which after such separation breathes or shows any other evidence of life, such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles.
>
> The **birthweight** is the infant weight at time of delivery (reported here in grams).
>
> A mother is defined as a **smoker** if she reports smoking cigarettes at any time during the pregnancy.
>
> Mother's **race** is determined regardless of ethnicity.
>
> **Teen births** are births in which the mother was less than 20 years old.

Formulas for rates are defined on Page 11. For example:

The **crude birth rate** is the number of live births per 1,000 people.

The **general fertility rate** is the number of live births per 1,000 women of childbearing age (15-44).

The **age-specific fertility rate** is the number of births to women in an age category per 1,000 women of that age. Many counties have a small number of births in some maternal age groups, and rates would be unreliable.

The **teen birth rate** is calculated by dividing the number of births to females under 20 years old by the number of females age 15-19, and multiplying the result by 1,000.

Rates were not calculated when based on fewer than 20 events (indicated by ".").

Morbidity

Morbidity data are shown for 21 reportable diseases, generally those with the highest numbers of reported cases in the state and diseases identified in the document *Healthier People in Wisconsin, A Public Health Agenda for the Year 2000.* The numbers of reported cases of selected diseases were obtained from the Bureau of Communicable Diseases, Division of Public Health. Wisconsin Statute Chapter 252 and Administrative Rule Chapter HSS 145 require the surveillance and control of specified communicable diseases.

Completeness of reporting varies by disease. The figures for a county or region refer to reported cases among residents of that county or region, regardless of where the disease was contracted. Specific counts for a year are subject to some slight changes over time as medical tests reveal previously unidentified cases or change previous diagnoses.

The symbol "<5" denotes that the number of reported cases is between 1 and 4. The exact number is suppressed to maintain confidentiality.

Immunizations

The percent of children compliant with immunization requirements is based on reports required from all public and private schools and compiled by the Bureau of Communicable Diseases, Division of Public Health. The number of non-compliant children does not include those whose parents have filed waivers based on personal conviction, religious or medical grounds.

Mortality

Mortality data are drawn from three sources maintained by the Bureau of Health Information:

- Death certificates,
- Infant death certificates matched with the corresponding birth certificates,
- Fetal death reports (deaths of fetuses of at least 20 weeks of gestation).

Beginning with the 1999 data, causes of death have been coded using the International Classification of Diseases, Tenth Revision (ICD-10). ICD-10 replaces the ICD-9 that was used to code death data for the years 1979-1998. The change from ICD-9 to ICD-10 affects the comparability of 1999 data with data for previous years for some categories of deaths.

Specific definitions:

Cause of death is based on the underlying cause of death, as recorded on death certificates. The categories and ICD-10 codes are listed on Page 12.

Fetal deaths are deaths prior to the complete expulsion or extraction from its mother of a product of conception; the fetus shows no signs of life such as beating of the heart, pulsation of the umbilical cord or definite movement of voluntary muscles. Only deaths of fetuses of at least 20 weeks gestation must be reported in Wisconsin. Fetal death reports do not include induced abortions.

Infant deaths are deaths of a live-born individual less than one year of age.

Neonatal deaths are deaths of a live-born infant less than four weeks (28 days) of age.

Perinatal deaths are neonatal deaths plus all reported fetal deaths of 20 or more weeks gestation.

Postneonatal deaths are deaths of an infant between four weeks (28 days) and one year of age.

The base for the reported death rates varies:

The **crude death rate** is the total number of deaths per 100,000 population.

The crude rate for **causes of death** is the number of deaths from a cause per 100,000 population.

Cancer, female breast, counts only deaths to females. The rate for female breast cancer deaths is the number of deaths to females from breast cancer per 100,000 female population.

The rate for **deaths by age** is the number of deaths in an age group per 100,000 population in that age group.

The **neonatal, postneonatal, and infant death rates** are the number of deaths per 1,000 live births.

The **fetal and perinatal death rates** are the number of deaths per 1,000 live births and fetal deaths.

The race-specific and weight-specific **infant death rates** are deaths per 1,000 live births in that race or weight category.

Rates were not calculated when based on fewer than 20 events (indicated by ".").

The selected causes of death were included if they were either:

- One of four selected causes of death (heart disease, cancer, cerebrovascular disease, accidents) or
- A preventable cause of death mentioned in the document *Healthier People in Wisconsin, A Public Health Agenda for the Year 2000,* with at least 500 deaths in Wisconsin in 1991.

Motor Vehicle Crashes

Motor vehicle crash data are occurrence data from the county in which the crash took place. (Most other data in this publication are based on the county of residence.) County statistics on persons injured and killed therefore do not include county residents who were injured or killed outside the county, and may include persons who are residents of other counties or other states.

Data on injuries and fatalities in motor vehicle crashes were obtained from the WisDOT-DMV Traffic Accident Data Base of the Wisconsin Department of Transportation. These data were reported by state and local law enforcement agencies.

Specific definitions:

> **Persons injured** were physically harmed or complained of physical harm from injuries received in the crash, but did not die within 30 days of the crash.
>
> **Persons killed** were all persons who died within 30 days from injuries received in the crash.
>
> **Alcohol-related crash** is a crash in which either a driver, bicyclist or pedestrian is listed on a police or coroner report as drinking alcohol before the crash.
>
> Crashes with a **citation for OWI** are those in which a law enforcement official has issued a citation for violation of Wis. Statute 346.63, "Operating under influence of intoxicant or other drug."

Hospitalizations

The reported data for hospitalizations were obtained from the public use data for calendar year 1999 inpatient discharges supplied by the Person-level Data and Analysis Section, Bureau of Health Information. Information was not available on Wisconsin residents hospitalized out of state. Therefore, caution is advised when analyzing the hospital data for border counties since residents of these counties may receive a significant amount of care from out-of-state facilities. The reported numbers and rates of hospital discharge from border counties are proportionally low.

Diagnostic definitions used for the categories are based upon objectives outlined in the document *Healthier People in Wisconsin, A Public Health Agenda for the Year 2000,* and definitions established by the federal Centers for Disease Control and Prevention, and the Missouri Center

for Health Statistics. The categories are based on the principal diagnosis. The descriptions and ICD-9-CM diagnostic codes for each category are listed on Page 13.

Hospitalizations are measured as inpatient discharges. Hospitalizations for an individual can occur more than once due to multiple admissions and transferring between hospitals. The diagnoses most affected by transfers are malignant neoplasms, mental disorders, cerebrovascular disease, coronary heart disease and injury-related diagnoses.

Average charges for a particular county, diagnostic category and age group were calculated by dividing the total charges by the number of discharges with reported charges in that county, category, and age group. The charge per person was calculated by dividing the total charges by the estimated total population.

The rate of discharge per 1,000 population was calculated by dividing the number of discharges in a particular county, diagnostic category and age group by the total population in that county and age group and multiplying the results by 1,000. One exception, female breast cancer, uses only the female population as the denominator. Rates at the county level were not calculated for diagnoses with fewer than 20 cases in the age group.

[Technical Note: Length of stay and charge outliers were defined as values below the 1st percentile or above the 99th percentile, i.e., the highest one percent and the lowest one percent. In these cases, the length of stay or charge was set to the 1st or 99th percentile value. Since reporting of charges is optional for lengths of stay over 100 days, the charges for those cases with a missing charge and length of stay over 100 days were also set to the 99th percentile value.]

The list of conditions included in preventable hospitalizations was adapted with some modification from a study by the United Hospital Fund of New York (Ambulatory Care Access Project, principal investigator John Billings). The diagnoses in that study were defined by a medical panel of internists and pediatricians, and included conditions such as asthma, diabetes, bacterial pneumonia and bronchitis where timely and effective ambulatory care can reduce the likelihood of hospitalization by:

1. Preventing the onset of an illness or condition;

2. Controlling an acute episodic illness or condition; or

3. Managing a chronic disease or condition. The descriptions and ICD-9-CM diagnostic codes for each preventable category are listed on Page 14.

FORMULAS FOR NATALITY AND MORTALITY RATES

Natality

Crude Birth Rate	= 1,000 x	Number of Resident Live Births / Total Resident Population
General Fertility Rate	= 1,000 x	Number of Resident Live Births / Number of Females Ages 15-44
Age-Specific Fertility Rate	= 1,000 x	Number of Resident Live Births in Age Category / Number of Females in Age Category

Mortality

Crude Death Rate	= 100,000 x	Number of Resident Deaths / Total Resident Population
Crude Cause-Specific Death Rate	= 100,000 x	Number of Resident Deaths from Cause / Total Resident Population
Fetal Death Rate	= 1,000 x	Number of Resident Fetal Deaths / Total Resident Live Births & Fetal Deaths
Neonatal Death Rate	= 1,000 x	Number of Resident Neonatal Deaths / Total Resident Live Births
Postneonatal Death Rate	= 1,000 x	Number of Resident Postneonatal Deaths / Total Resident Live Births
Perinatal Death Rate	= 1,000 x	Number of Resident Fetal & Neonatal Deaths / Total Resident Live Births & Fetal Deaths
Infant Death Rate	= 1,000 x	Number of Resident Infant Deaths / Total Resident Live Births
Race-Specific Infant Death Rate	= 1,000 x	Number of Infant Deaths to Mothers in Race Category / Number of Live Births to Mothers in Race Category
Weight-Specific Infant Death Rate	= 1,000 x	Number of Infant Deaths in Birthweight Category / Number of Live Births in Birthweight Category

CATEGORIES OF UNDERLYING CAUSE OF DEATH
WISCONSIN, 1999

Description	ICD-10 CODE
Infectious and Parasitic Diseases	A00-B99
Total Malignant Neoplasms	C00-C97
Trachea, Bronchus, Lung Cancer	C30-C34
Breast Cancer	C50
Colorectal Cancer	C18-C21
Diabetes	E10-E14
Diseases of the Heart	I00-I09, I11, I13, I20-I51
Ischemic heart disease	I20-I25
Cerebrovascular Disease	I60-I69
Pneumonia & Influenza	J10-J18
Chronic Lower Respiratory Disease	J40-J47
Total Accidents	V01-X59, Y85-Y86
Motor vehicle accidents (crashes)	V02-V04, V09.0-V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8 V89.0-V89.2,
Intentional Self Harm (Suicide)	X60-X84
DRUGS LISTED AS UNDERLYING OR CONTRIBUTORY CAUSE OF DEATH	
Alcohol	F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14
Other Drugs	F10-F10.9, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15

FIRST-LISTED DIAGNOSES ASSOCIATED WITH HOSPITALIZATIONS WISCONSIN, 1999

Description	ICD-9-CM CODE
Malignant neoplasms	140.0-208.9
Lung cancer	162.0-162.9
Female breast cancer	174.0-174.9
Colorectal cancer	153.0-154.8
Diabetes	250.0-250.9
Alcohol-related	
Alcohol psychoses	291.0-291.9
Alcohol dependence syndrome	303.0-303.03
Alcohol abuse	305.00-305.03
Alcoholic polyneuropathy	357.5
Alcoholic cardiomyopathy	425.5
Alcoholic gastritis	535.3
Chronic liver disease and cirrhosis	571.0-571.3
Excessive blood level of alcohol	790.3
Drug-related	
Drug psychoses	292.0-292.9
Drug dependency	304.00-304.93
Non-dependent abuse of drugs	305.10-305.93
Psychiatric (excluding those related to alcohol or drugs)	290.0-319
Coronary heart disease	
Ischemic heart disease	410.0-414.9
Unspecified cardiovascular disease	429.2
Cerebrovascular disease	430-438
Pneumonia & Influenza	480.0-487.8
Chronic obstructive pulmonary disease	490-496
Osteoporosis	733.00-733.09
All Injuries	800-999
Hip fracture	820.00-820.9
Poisonings	960.0-989.9

DIAGNOSES DEFINING PREVENTABLE HOSPITALIZATIONS
(Principal Diagnosis only except where noted)

Description	**ICD-9-CM CODE**
Congenital syphilis	090.0-090.9 (includes secondary diagnosis for newborns)
Immunization preventable conditions	033.0-033.9, 390, 391.0-391.9, 037, 045.00-045.93, (320.0 - age 1-5)
Grand mal status and other epileptic convulsions	345.0-345.9
Convulsions	780.3 (age >5)
Severe ear, nose and throat infections	382.0-382.9, 462, 463, 465.0-465.9, 472.1 (except with a procedure of 20.01)
Pulmonary tuberculosis	011.00-011.96
Other tuberculosis	012.00-018.96
Chronic obstructive pulmonary disease	491.0-492.8, 494, 496, (466.0 with secondary diagnosis of 491.0-492.8, 494, 496)
Bacterial pneumonia	481, 482.2, 482.3, 482.9, 483, 485, 486 (except when there is a secondary diagnosis of 282.6 or patient is less than two months old)
Asthma	493.00-493.91
Congestive heart failure	428.0-428.9, 402.01, 402.11, 402.91, 518.4 (except with a procedureof 36.01-36.02, 36.05, 36.1, 37.5, 37.7)
Hypertension	401.0, 401.9, 402.00, 402.1, 402.90 (except with a procedure 36.01-36.02, 36.05, 36.1, 37.5, 37.7)
Angina	411.1, 411.8, 413.0-413.9 (except with any procedure 01.01-86.99)
Cellulitis	681.00-683, 686.0-686.9(except with any procedure 01.01-86.99 *unless* only listed procedure is 86.0)
Skin grafts with cellulitis	DRG 263 and 264 (except if admitted from an SNF)
Diabetes A	250.10-250.31
Diabetes B	250.80-250.91
Diabetes C	250.00-250.01
Hypoglycemia	251.2
Gastroenteritis	558.9
Kidney/urinary infection	590.0-590.9, 599.0, 599.9
Dehydration – volume depletion	276.5
Iron deficiency anemia	280.1, 280.8, 280.9 (age 0-5 only; either principal or secondary diagnosis)
Nutritional deficiencies	260-262, 268.0, 268.1 (either principal or secondary diagnosis)
Failure to thrive	783.4 (age <1)
Pelvic inflammatory disease	614.0-614.9 (except with a procedure 68.3-68.8)
Dental conditions	521.0-523.9, 525.0-525.9, 528.0-528.9
Cancer of the cervix	180.0-180.9